

REMARKS

Claims 1-27 are pending in this application with claims 1,3-5, 12, 14, 15, 23 and 27 being amended by this response.

Objection to the Claims

Claims 3 and 14 are objected to because of certain informalities. Claims 3 and 14 have been formally amended to correct a typographical error in accordance with the comments of the Examiner. In view of the formal amendments to the claims it is respectfully submitted that this objection is satisfied and should be withdrawn.

Rejection of Claims 1, 12, 23-25 and 27 under 35 USC § 102(e)

Claims 1, 12, 23-25 and 27 are rejected under 35 U.S.C. 102(e) as being anticipated by Reuss et al. (U.S. Patent No. 6,406,426 B1).

The present invention as claimed in claims 1 and 12 recites an internet compatible method and system for displaying medical information derived from a plurality of sources. A communication network acquires ventilator parameters associated with a patient on a substantially periodic basis and in response to a user command. A device prioritizes received ventilator parameters for display in a desired order and allocates an attribute to distinguish changed ventilator parameters. A display generator initiates generation of data representing a display of the prioritized ventilator parameters and attributes distinguishing the changed ventilator parameters.

Claims 23 and 27 are directed to methods for acquiring and storing ventilator data comprising ventilator parameters and ventilator settings from a medical device over a communication network. Communication with the medical device is established over a communication network and selected ventilator data is acquired from the medical device over the communication network. It is then determined if a value of at

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least one of: 1) ventilator settings and 2) ventilator parameters of the acquired ventilator data has changed. If the value has changed, the acquired ventilator data is stored.

Reuss et al. disclose a medical monitoring and alert system. This system connects a central monitoring system to at least one of a therapeutic device, patient monitor and/or an integrated alert system. The system is able to deliver medical therapy to a patient provide a patient warning system. The system is able to notify the central monitoring system upon receiving an alert signal. However, contrary to the assertion of the Examiner, Reuss et al. neither disclose nor suggest “acquiring ventilator parameters associated with a patient on a substantially periodic basis and in response to a user command” as claimed in independent claims 1 and 12. The Examiner cites Column 9, lines 1-15 of Reuss et al. as support for controlling and monitoring parameters. This portion of Reuss et al. concerns setting of parameters for the delivery of medical therapy and controlling of display parameters. Nowhere in this passage does Reuss et al. teach “acquiring ventilator parameters associated with a patient on a substantially periodic basis and in response to a user command” as claimed in independent claims 1 and 12. In fact this passage is not even concerned with the acquisition of the parameters. This passage is concerned with the setting of parameters and the display of the received parameters. This is unlike the present invention as claimed in claims 1 and 12 which provides two distinct methods for acquiring ventilator parameters. Allowing for the acquiring of parameters as claimed in the present claimed invention allows for both periodic monitoring of a patient to thereby create a time line of data as well as allowing for immediate acquisition of data upon receipt of a user command. This allows a medical professional to review a history for the patient as well as obtain immediate parameter readings.

Additionally, Reuss et al. also neither disclose nor suggest “prioritizing received ventilator parameters for display in a desired order and for allocating an attribute to distinguish changed ventilator parameters” as claimed in independent claims 1 and 12. The Examiner contends that the recitation at Column 15, lines 1-15 in Reuss et al. of the “priority of a medical alert” discloses the “prioritizing received ventilator parameters for display in a desired order” claimed in independent claims 1 and 12.

However, the cited passage of Reuss et al. is concerned with determining if a Message Server for monitoring a list of messages sent in the system is full and removing messages from the memory. Reuss et al. is not concerned with prioritizing received ventilator parameters for display in a desired order. According to the cited passage, Reuss et al. determines whether or not to delete a message from the Message Server based upon whether the message has been read and a priority of a medical alert. This is unlike the present claimed invention which prioritizes ventilator parameters for display in a desired order. Prioritizing the display of the ventilator parameters as claimed in the present invention is critical for providing the users an easy and recognizable display for analyzing the received parameters.

Furthermore, Reuss et al. neither disclose nor suggest “a display generator for initiating generation of data representing a display of prioritized ventilator parameters in the desired order and attributes for distinguishing the changed ventilator parameters” as in the present claimed invention. Reuss et al. only discloses display of therapy status, physiological parameters and alert conditions. Reuss et al. does not teach prioritizing ventilator parameters for display and thus it is respectfully submitted that Reuss et al. could therefore neither disclose or suggest “initiating generation of data representing a display of prioritized ventilator parameters in the desired order and attributes for distinguishing the changed ventilator parameters” as in the present claimed invention.

Regarding independent claims 23 and 27, Reuss et al. neither discloses nor suggests “only if the value has changed, storing the acquired ventilator data” as in the present claimed invention. Reuss et al. stores all patient data. Alternatively, the present invention as claimed in claims 23 and 27 stores the data only if it is determined that the value of the acquired ventilator data has changed. As discussed in the present specification, this is advantageous in preventing sometime frequent and inconsequential changes in a ventilator parameter to obscure more important changes in a ventilator setting. Such is neither disclosed nor suggested by Reuss et al.

In view of the above remarks, it is respectfully submitted that Reuss et al. do not anticipate the present invention as claimed in Independent claims 1, 12, 23 and 27. As claims 24 and 25 are dependent on claim 23, it is respectfully submitted that these claims are also allowable for the same reasons as claim 23. It is thus, further respectfully submitted that this rejection is satisfied and should be withdrawn.

Rejection of Claims 2-11, 13-22 and 26 under 35 USC § 103(a)

Claims 2-11, 13-22, and 26 are rejected under 35 U.S.C. 103(a) as being unpatentable over Reuss et al. (U.S. Patent No. 6,406,426 B1) in view of Schulman et al. (U.S. Patent No. 2001/0030664 A1).

Schulman et al. discloses a subscriber device which is able to notify viewers of messages or dialogue representing events for their review. The events may include critical messages, news, announcements, requests from others, etc. Icons displayed on a television screen indicate the messages. When an icon is to be displayed, the interactivity level or message severity is determined. The configuration of the icon depends on the type and context of the message. Similarly to Reuss et al., Schulman et al. neither disclose nor suggest teach “acquiring ventilator parameters associated with a patient on a substantially periodic basis and in response to a user command” as claimed in independent claims 1 and 12. Schulman et al. are not concerned with acquiring ventilator data and Schulman et al. are also not concerned with acquiring data on a periodic basis and in response to a user command as claimed in claims 1 and 12. Schulman et al. are concerned with indicating when a message or dialogue is available for review and displaying an icon related to the specific message or dialog.

Schulman et al., also like Reuss et al., neither disclose nor suggest “prioritizing received ventilator parameters for display in a desired order and for allocating an attribute to distinguish changed ventilator parameters” as claimed in independent claims 1 and 12. Schulman et al. (with Reuss et al.) are able to determine the criticality of a message based upon its context. However, Schulman et al. (with Reuss et al.) are not concerned with displaying ventilator parameters according to a determined priority

for distinguishing changed ventilator parameters” as claimed in claims 1 and 12.

Schulman et al. (with Reuss et al.) do not teach (and provide no 35 USC 112 enabling disclosure of) prioritizing any received parameters let alone prioritizing received ventilator parameters for display as in the present claimed invention. Schulman et al. as discussed above only determine the severity of a message based upon its context and display a “SmartIcon” to indicate certain features of the received message.

As claims 2-11 and 13-22 are dependent on claims 1 and 12, respectively, it is respectfully submitted that they are also allowable for the same reasons as claims 1 and 12 discussed above.

Regarding claims 2, 6, 13 and 17, Schulman et al. disclose use of different colors to show the status of various systems and components of the network. However, Schulman et al. (with Reuss et al.) neither discloses nor suggests utilizing a different color to distinguish a changed ventilator parameter as in the present claimed invention. Schulman et al. disclose using different colors to convey the status of various systems and components of the network. However, Schulman et al. (with Reuss et al.) are not concerned with the changing of ventilator parameters and neither disclose displaying the attribute in a different color when a change in a ventilator parameter is determined to change as in the present claimed invention.

Regarding claims 3 and 14, neither Reuss et al. nor Schulman et al., individually or in combination, disclose or suggest prioritizing received ventilator settings as in the present claimed invention. The passage of Reuss et al. cited by the Examiner only discloses transmission of parameter information.

Regarding claims 4 and 15, the passage in Reuss et al. cited by the Examiner only recites parameters which can be monitored. This passage neither discloses nor suggests “generation of data representing a window for displaying said ordered ventilator parameters and settings in a first window” as in the present claimed invention. Such is also neither disclosed nor suggested by Schulman et al. with Reuss et al.

Regarding claim 26, as discussed above, Reuss et al. neither disclose nor suggest that "only if the value has changed, storing the acquired ventilator data" as claimed in claim 23. Similarly to Reuss et al., Schulman et al. also neither disclose nor suggest "only if the value has changed, storing the acquired ventilator data" as claimed in claim 23. Schulman et al. (with Reuss et al.) are only concerned with generation of a "SmartIcon" representative of the message received.

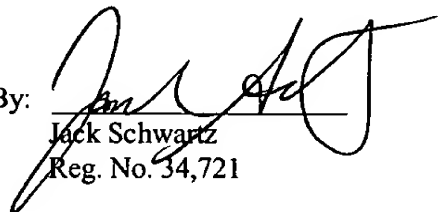
In view of the above remarks and amendments to the claims it is respectfully submitted that the present claimed invention is not obvious in view of Reuss et al. or Schulman et al. when taken alone or in combination. Thus, it is further respectfully submitted that this rejection is satisfied and should be withdrawn.

Having fully addressed the Examiner's rejections, it is believed that, in view of the preceding amendments and remarks, this application stands in condition for allowance. Accordingly then, reconsideration and allowance are respectfully solicited. If, however, the Examiner is of the opinion that such action cannot be taken, the Examiner is invited to contact the applicant's attorney at the phone number below, so that a mutually convenient date and time for a telephonic interview may be scheduled.

No fee is believed due. However, if a fee is due, please charge the additional fee to Deposit Account 50-2828.

Respectfully submitted,
Amy M. Manetta

By:

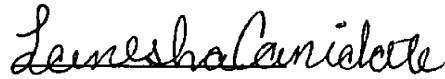

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